PTO/SB.06 (01-03)
Approved for use through 7/3 1/2006, Oki8 0651-0032
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COUNTRICE . Under the Papersont Reduction

1	PATENT APPLICATION FEE DETERMINATION RECORD Application process the Marchest Particular Process of Marchest Particular Proce												
	Sut tilute for Form PTO-875									Are	09/994450		
		CLAIMS AS FILED - PART I (Column 2)							SMALL ENTITY			ER THAN	
I	1700				1		37700	CEMINY	<u> </u>	SMA	LL ENTITY		
ŀ	EASIC FEE				.co	nmber extra		RATE	FEE	- 1	RATE	ce e	
L	(37 CFR 1.16(a))									7		F€€	
1	TOTAL CLAIM	7 CSR 1 seem							 '	_ o	` 		
r	DOCPENDENT	minus 20 =		4 20 -	 		× 1		on	x:			
г	(37 CFR 1.15(0)	THE STATE OF THE S					╝	X. 5 s		OR	×s.		
F	ULTIPLE DEPENDENT CLASS PRESENT (37 CFR 1.16(d))							• •		OR	+5	 	
ŀ	if the different	the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL	†	7		1	
l	CLAIMS AS AMENDED - PART II								L		TOTAL	<u> </u>	
1 30(1)													
μ	2-9-06 (Column 1)				(Column			SMALL ENTITY		QR	OTHE	RTHAN	
	4		LAILIS WAINING	1	HIGHES!		\Box			7	SAUL	ENTITY	
3			FTER	1	PREVIOUS	LY EXTRA	.	RATE	ADD:	ı	RATE	ADDI-	
¥	Total	· ·	HOLENT	Minus	PAID FOR		4		FEE	j	L	TIONAL . FEE	
Ž	(37 GW 1, Kele	- 1 .			1 20	•	╛	x 1		OR	x \$ c		
AMENOVAGAIT	independent OF CFR 1, MR	•	<u>د</u>	Minus	-3			x s•		OR	× 5 •		
_	FIRST PRES	EI/FATION O	F LALAL TIPLI	E DEPEIA	DEIN CLAN DI	CFR 1,1610))	7	• • •	 	7			
										OR	TOTAL		
								ADO'L FEE		OR	ADD'L FEE		
(Column 1) (Column 2) (Column 3)										·			
8	5-15-0	REM	UMS UNING		HIGHEST NUMBER	PRESENT	7 1			1			
Ξ	2-42	AFT AMEN	TER I		PREVIOUSLY		11	RATE	ADDI- TIONAL	l	RATE	ADDI-	
ĭ	Yotal	· AMEN	MENI	Minus	PAID FOR	+	4 1		FEE		L I	TIONAL FEE	
일	(37 CFR 1,15(c)) Independent (37 CFR 1,16(c))	┥	7_		20		JL	x s •		OR	× s =		
AMENDMENT			3	Minus	3	·	11	x 5 •		OR	xs .		
<u> </u>	FIRST PRESEN	TATION OF	MULTIPLE	DEPENDE	MT CLANA (27 C	FR 1.16(d))	1 Г	+5					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									OR	+5 -	·	
a					ADD'L FEE		OR	ADD'L FEE	1				
ᅷ	-14-0	(Colum	1)		(Cotumn 2)	(Column 3)					_		
7		REMAIN	UNG		HIGHEST NUMBER	PRESENT	l			Г			
		AFTE AMENDA	R	ı	PREVIOUSLY	EXTRA		RATE	ADDI- TIONAL	- 1	RATE	A001	
計.	Total	AMENDA		dinus	PAID FOR		L		FEE	L		TIONAL FEE	
	ndependent	 		tinus	20		Ŀ	(3		OR	x s		
-	ST COR. S. TROLD	`		<u>. </u>	. 3		×	· \$ •]	OR	x s	·	
Ľ	IRBT PRESENT	ATION OF HE	atple de	PENDEN	TCLAM (37 CF	Γ.	ş						
											TOTAL		
• ii	the entry in co	fumer 1 is 1e	ES-lhen r>-	e entry b	column 2, write		· A	OTAL			NOD'L FEE		
	the "Highest N	umber Prev	iously Pai	d For in	COMMO 2, write THIS SPACE & THIS SPACE H	: U'm column'3 I leas tha = 20' =	." Oler "	20.		•			
ν.Ξ.	- inhiat W	Jimber Previ	OUSIV Pak	S FOC IN	THIS SOACE I	Man than b	~~~			•			

If the Highest Number Previously Paid For' IN THIS SPACE is less than 3, erier 3.

The Nighest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1:

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a tieneld by the public which is to tile (and by the Luckeding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the high-fidual case. Any comments and Trademan Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria; VA 22313-4450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria; VA 22313-1450. ALAJICSS. SEND TO: Commissioner for Palants, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.